

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14016

FILED APR 27 1949

State File No.

1003

3523

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE _____ b. COUNTY _____					
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>11</u>		c. CITY OR TOWN <u>ST. LOUIS</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>			d. STREET ADDRESS (If rural, give location) <u>725 N 18th St</u>					
3. NAME OF DECEASED (Type or Print) <u>Williams</u>			a. (First) _____		b. (Middle) _____		c. (Last) <u>Morris</u>	
4. DATE OF DEATH <u>April 18, 1949</u>		(Month) _____ (Day) _____ (Year) _____		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>April 6, 1906</u>		9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR: Months _____ Days _____		
IF UNDER 1 YEAR: Hours _____ Min. _____		IF UNDER 2 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laber</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (State or foreign country) <u>Tenn</u>			12. CITIZEN OF WHAT COUNTRY? _____					
13a. FATHER'S NAME <u>WALTER MORRIS WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs. Annie Bless</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>William Collins</u> ADDRESS <u>725 N. 18th St</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dissecting Aneurysm of the Aorta</u>					INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>30</u>		DUE TO (c) <u>H51X</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Joseph M. Green</u> (Degree or title) <u>Deputy Coroner</u>			23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>4/19/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 23/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>		
DATE REC'D BY LOCAL REG. <u>APR 19 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Basater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. A. Green</u> ADDRESS <u>4214 Delmar</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *A. C. Green*

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.